Chain of Custody (COC) Form

NMTafe Laboratory

140 Royal Street, East Perth, phone 6211 6000

Client:		Site/Location:			Analyses: (Tick where appropriate)									Courier: Acme Courier Company
Address:		Lab Contact:												Phone Number:
														Contact Name:
Sample ID	Lab ID	Containers	Sample Date & Time	Matrix	Arsenic (As)	Copper (Cu)	Nickel (Ni)	Manganese (Mn)	Gold (Au)	Iron (Fe)	Silver (Ag)	Zinc (Zn)	% Moisture	Preservation: • Sealed container/ drums/plastic bag • Ambient temp. • Moisture free environment

I attest that the proper field sampling procedures were used during the collection of these samples. **Sampler Name and Signature**: _____

Relinquished by: George Bennetts **Signature:**	Date 6/10/2017	Time 9.00am	**Received by:** Dominic Cooper **Signature:**	Date 6/10/2017	Time 9.00am
Relinquished by: Dominic Cooper **Signature:**	Date 6/10/2017	Time 4..30pm	**Received by:** Noeline Ellis – NMTafe Assay Dept. **Signature:**	Date 6/10/2017	Time 4.30pm